

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # 10/518485		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:	
Duplicate Payment		9	---
No Fee Due (Explanation):			
<p>11 REFUND REQUESTED BY:</p> <p>TYPED/PRINTED NAME: <i>William M. Aranda</i> National Stage Processing</p> <p>SIGNATURE: <i>Paralegal Specialist</i> (703) 355-8421</p> <p>OFFICE: *****</p> <p>THIS SPACE RESERVED FOR FINANCE USE ONLY:</p> <p>APPROVED: _____ DATE: _____</p>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B